

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V68845 (9)
1. Corporation Name
POOLCARE INC.



Principal Place of Business Mailing Address
18731 MARLIN ROAD MIAMI FL 33157

3. Date Incorporated or Qualified **10/06/1992** 3a. Date of Last Report **10/23/1995**
4. FEI Number **65-0375074** Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 **P.O. Box 4601**
22 City & State 27 **MIAMI FL**
23 Zip 28 **33116-4601**
24 Country 29 **FL**

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
ARCE, JOHN
12100 SW 105 TERR.
MIAMI FL 33186
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) **15423 SW 113 ST**
83
84 City **MIAMI FL** 85 **33196**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when first change.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	ARCE, PHILLIS	1.2 NAME	
STREET ADDRESS	12100 SW 105 TERR.	1.3 STREET ADDRESS	15423 SW 113 ST
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI FL 33196
TITLE	P ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	ARCE, JOHN D.	2.2 NAME	
STREET ADDRESS	12100 S.W. 105 TERR	2.3 STREET ADDRESS	15423 SW 113 ST.
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI FL 33196
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the officer or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: *[Signature]* TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYLIFE PHONE #

CR2E034 (3/96)